Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201 Martin O'Malley, Governor • Anthony G. Brown, Lt. Governor • Joshua M. Sharfstein, M.D., Secretary

Data Update: Rising Prescription Drug Abuse in Maryland

Prescription drug abuse is a growing problem in Maryland, threatening individuals, families and communities across the state. This data update shows:

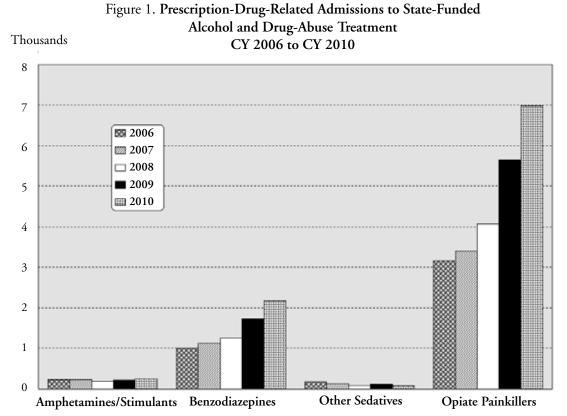
- A 106 percent increase in treatment admissions related to abuse of prescription opiates from 2007 to 2010.
- A 250 percent increase in poison control calls related to oxycodone from 2007 to 2010.
- 55 percent of all intoxication deaths in Maryland involved a prescription opiate in 2010.

Increase in Treatment Admissions

Maryland has experienced a sharp increase in prescription-drug-related admissions in the years since

2005, when Attorney General Curran released a report entitled "Prescription for Disaster." Data from SMART, a secure and confidential Web-based demographic and risk information electronic reporting system, show that the percentage of prescription-drug-related admissions nearly doubled among state-funded drug treatment program admissions from 2007 to 2010.

Opiate-painkiller abuse was the primary cause of this growing admissions but benzodiazepine abuse also increased in admission prevalence. Opiate-painkiller-related admissions increased 106 percent from 2007 to 2010 and in cases with multiple substances, opiates increased as the primary-substance problem 139 percent. Benzodiazepines were the other rising category of prescription drug use among treatment admissions, increasing by 94 percent over the four years. For comparison, heroin-related treatment admissions



Note: Up to three substance problems may be reported for each admission.

increased by 7 percent, while cocaine-related admissions fell by a fourth from 2007 to 2010. Figure 1 displays the trends in categories of prescription drugs among treatment admissions.

Prescription drug-related admissions to treatment were more likely to represent a younger age group (half of benzodiazepine and 60% of opiate painkiller-related admissions were under age 18 and in their twenties in FY 2010); more likely to be white and female; and more likely to reside in Maryland's rural counties than admissions related to other substances.¹

Increase in Poison Control Calls

Telephone calls to the Maryland Poison Center regarding intentional misuse or abuse of opiates other than heroin increased by 69 percent from FY 2007 to FY 2010. Calls about Oxycodone specifically rose by over 250 percent, making up a third of the non-heroin FY 10 calls (in 20 percent the exact substance was unknown).

Increase in Prescription Opiate and Prescription Benzodiazepine Deaths

According to the Maryland Office of the Chief Medical Examiner (OCME) that is responsible for investigating

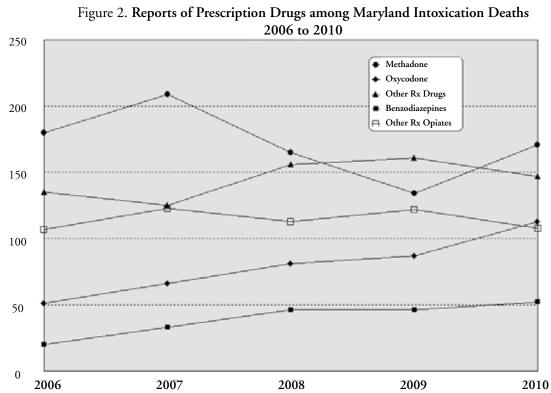
all deaths in Maryland, data indicate that deaths involving prescription opiates have increased considerably (14 percent from 2006 to 2010).

In 2010, 55 percent of reported intoxication deaths involved at least one prescription opiate, an increase from 39 percent in 2006. Oxycodone-related deaths increased 122 percent from 2006 to 2010. By comparison heroin was involved in 15 percent of 2010 intoxication deaths and cocaine in 19 percent. Methadone was involved in 46 percent of the prescription opiate-related deaths in 2010; oxycodone was involved in 31 percent and morphine in 22 percent. Deaths involving prescription opiates other than methadone increased by more than a third from 2007 to 2009, going from 20 to 30 percent of all intoxication deaths. Figure 2 illustrates these findings.

Summary

Prescription-drug abuse is rapidly increasing in Maryland. Measures to address this public health problem are urgently needed.

¹Maryland Alcohol and Drug Abuse Administration. "Indicators of misuse and abuse of prescription drugs in Maryland", December 16, 2010.



Note: Over half of prescription-drug-related deaths involved multiple substances. Adapted by ADAA from data provided by the Office of the Chief Medical Examiner (OCME).